

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
HUNTINGTON DIVISION

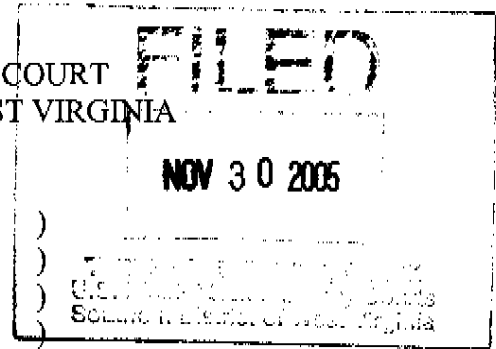
OHIO VALLEY ENVIRONMENTAL
COALITION, COAL RIVER MOUNTAIN
WATCH, and WEST VIRGINIA
HIGHLANDS CONSERVANCY,

Plaintiffs,

v.

UNITED STATES ARMY CORPS OF ENGINEERS;
LIEUTENANT GENERAL CARL A. STROCK,
Commander and Chief of Engineers,
U.S. Army Corps of Engineers;
COLONEL WILLIAM E. BULEN, District Engineer,
U.S. Army Corps of Engineers, Huntington District;

Defendants.



Civil Action No. 3:05-0784

DECLARATION OF SERVICE

I, Emily Robinson, hereby certify that on November 8, 2005, I served a summons and a copy of Ohio Valley Environmental Coalition, Coal River Mountain Watch, and West Virginia Highlands Conservancy's amended complaint by certified first class mail to the following people:

Earl Stockdale
Office of Chief Counsel
Army Corps of Engineers
441 G St., NW
Washington, DC 20314-1000
(Exhibit A)


Lieutenant General Carl A. Strock
Commander and Chief of Engineers
U.S. Army Corps of Engineers
441 G St., NW
Washington, DC 20314-1000
(Exhibit B)

Colonel William E. Bulen
District Engineer
U.S. Army Corps of Engineers, Huntington District
502 8th Street
Huntington, WV 25701-2070
(Exhibit C)

Alberto R. Gonzales
Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
(Exhibit D)

Charles T. Miller
United States Attorney
West Virginia Southern District
Post Office Box 1239,
Huntington, WV 25714
(Exhibit E)

Return receipts from the aforementioned people are attached as Exhibits A-E. I declare under penalty of perjury that the foregoing is true and correct. Executed on November 29, 2005.


Emily Robinson
Litigation Assistant
Earthjustice
1625 Massachusetts Ave., NW
Suite 702
Washington, DC 20036
(202) 667-4500

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p>EARL STOCKDALE OFFICE OF CHIEF COUNSEL ARMY CORPS OF ENGINEERS 441 G ST., NW WASHINGTON, DC 20314-1000</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>			
PS Form 3811, August 2001		Domestic Return Receipt	
		2ACPRI-03-F-1838	

Exhibit A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>LT. GEN. CARL A. STROCK COMM. & CHIEF OF ENGINEERS U.S. ARMY CORPS OF ENGINEERS 441 G ST, NW WASHINGTON, DC 20314-1000</p>		<p>B. Received by (Printed Name) <i>[Signature]</i></p>	<p>C. Date of Delivery <i>11/09/05</i></p>
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Exhibit B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>James Hodge</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>COL. WILLIAM E. BULEN DISTRICT ENGINEER U.S. ARMY CORPS, HUNTINGTON 502 8TH ST. HUNTINGTON, WV 25701-2070</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <i>10/9/05</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

Exhibit C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ARSENIO GONZALES ATTORNEY GENERAL U.S. DOJ. 950 PENN. AVE., NW WASHINGTON, DC 20530-0001</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		2ACPR1-03-F-183B	

Exhibit D

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Julius E. Gono</i></p>	
<p>1. Article Addressed to:</p> <p>CHARLES T. MILLER U.S. ATTORNEY WV SOUTHERN DISTRICT P.O. BOX 1239 HUNTINGTON, WV 25714</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, August 2001</p>		<p>Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Exhibit E